

35 AVAILABLE COPIES

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09 546 682	FILING DATE 4/11/00					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4		2					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14		2					64					
15		1					65					
16		1					66					
17		1					67					
18		1					68					
19		1					69					
20		1					70					
21		1					71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	9						TOTAL IND.					
TOTAL DEP.	1	1	1	1	1	1	TOTAL DEP.	1	1	1	1	1
TOTAL CLAIMS	22						TOTAL CLAIMS	22	22	22	22	22